

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

4789-62-034848  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1

1. PLACE OF DEATH  
a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Kansas City Length of stay in 1b 54 yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 4233 E. 50th. Terr. Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Kansas City Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 4233 E. 50th. Terr. Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED First Middle Last  
(Type or print) ALBERT E. LAMPSON

4. DATE OF DEATH Month Day Year  
September 17, 1962

5. SEX Male 6. COLOR OR RACE White 7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 9-20-1883 9. AGE (last birthday) 78  
IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Pipe Line Foreman 10b. KIND OF BUSINESS OR INDUSTRY K. C. Water Dept.

11. BIRTHPLACE (City and state or country) Gardner, Kansas 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Edgar P. Lampson 13b. MOTHER'S MAIDEN NAME Minnie Miller

14. NAME OF HUSBAND OR WIFE Tillie E. Lampson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
no

17. INFORMANT Address 4233 E. 50th. Terr.  
Mrs. Tillie E. Lampson

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Myocardial infarction  
ASND.  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)  
DUE TO (b)  
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH  
20 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
PART III. If deceased was female was there a pregnancy in last 90 days.  
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year  
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3:40 5/11/62 to 9/17/62 and last saw him alive on 9/12/62  
Death occurred at 3:40 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wallace P. McKen M.D. 22b. ADDRESS 4320 Wornall Road 22c. DATE SIGNED 9/18/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE Sept. 20, 1962 23c. NAME OF CEMETERY OR CREMATORY Gardner Cemetery 23d. LOCATION (City, town, or county) Gardner, Kansas (State)

24. FUNERAL DIRECTOR ADDRESS Mellody-McGilley-Eylar Woodland 25. DATE RECD. BY LOCAL REG. 9-18-62 26. REGISTRAR'S SIGNATURE R. L. Long

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF Wallace P. McKen

Dr. Wallace Tucker

4320 Warrall Rd

Row 132

Lo 1-1533

2 - 4 PM

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James R. Phillips

Licensed Embalmer No. 4641

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.